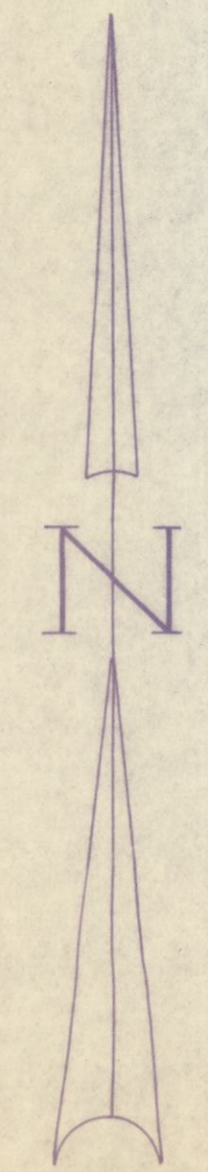


LAKE
MICHIGAN

Rocky Gap Park



MAP OF PART OF SEC. 24, T4S, R19W,
CITY OF BENTON HARBOR, MICHIGAN
SCALE 1" = 500' DRAWN BY R B
WIGHTMAN & ASSOCIATES, INC.
920 BROAD STREET ST. JOSEPH, MICH 49085
FOR MODERN PLASTICS X-1262





(fill in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP MODERN PLASTICS CORPORATION

IV. FACILITY CONTACT

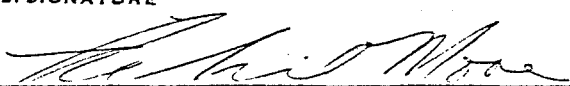
A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
RICHARD E. MOORE	PLANT ENGINEER	616	926 8201

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3 P O BOX 1367		BENTON HARBOR	MI	49022	

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5489 NORTH SHORE DRIVE		BERRIEN		BENTON HARBOR	MI	49022	021

II. SIC CODES (4-digit, in order of priority)											
A. FIRST						B. SECOND					
3079 (specify) Custom plastic molding						7 (specify)					
C. THIRD						D. FOURTH					
(specify)						(specify)					
III. OPERATOR INFORMATION											
A. NAME										B. Is the name listed in Item VIII-A also the owner?	
MODERN PLASTICS CORPORATION										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)	
F = FEDERAL		M = PUBLIC (other than federal or state)		P (specify)		A		616		926	
S = STATE		O = OTHER (specify)		Owner operated		15		820		1	
P = PRIVATE											
E. STREET OR P.O. BOX											
O BOX 1367											
F. CITY OR TOWN						G. STATE		H. ZIP CODE		IX. INDIAN LAND	
BENTON HARBOR						MI		49022		Is the facility located on Indian lands?	
										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C. EXISTING ENVIRONMENTAL PERMITS											
A. NPDES (Discharges to Surface Water)						D. PSD (Air Emissions from Proposed Sources)					
N 2 M I 0 0 0 5 6 8 1						9 P					
B. UIC (Underground Injection of Fluids)						E. OTHER (specify)					
U						23327HMcPCB (specify)					
C. RCRA (Hazardous Wastes)						E. OTHER (specify)					
R						(specify)					
X. MAP											
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.											
XII. NATURE OF BUSINESS (provide a brief description)											
Custom molding of thermoset and thermoplastics. A											
XIII. CERTIFICATION (see instructions)											
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.											
A. NAME & OFFICIAL TITLE (type or print)						B. SIGNATURE			C. DATE SIGNED		
Richard E. Moore Plant Engineer									4-27-81		
COMMENTS FOR OFFICIAL USE ONLY											
INSUFFICIENT SIGNATURE											

FOR OFFICIAL USE ONLY APPLICATION APPROVED DATE RECEIVED (yr., mo., & day) COMMENTS

II. FIRST OR REVISED APPLICATION Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date) 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) 2. NEW FACILITY (Complete item below.) FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process. 1. AMOUNT - Enter the amount. 2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

Form with line numbers 1-10 and process codes/design capacities. Includes handwritten entries: X-1 S 0 2 600 G, X-2 T 0 3 20 E, 1 S 0 1 300 15 700 G, 2 T 0 4 150 5 Y.

II. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04") FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

- (1) 30 cu. yd. compactor container
 (1) 46 cu. yd. open top container

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY									
WM1D005069844															W DUP									
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15															13 14 15 16 17 18 19 20 21 22 23 24 25 26									

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

W Z O J Z	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES															
				1. PROCESS CODES (enter)												2. PROCESS DESCRIPTION (if a code is not entered in D(1))			
	23 - 26	27 - 29	30 - 32	33 - 35	36 - 38	39 - 41	42 - 44	45 - 47	48 - 50	51 - 53	54 - 56	57 - 59	60 - 62	63 - 65	66 - 68	69 - 71	72 - 74		
1	F001	400	P	S01															
2	U013	100	P	T04													delisted		
3	U069	20	P	T04															
4	U122	50	P	T04															
5	U188	30	P	T04															
6																			
7																			
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26																			

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL ACCESS CODES FROM ITEM D(1) ON PAGE

EPA I.D. NO. (enter from page 1)

S	F	M	I	D	0	0	5	0	6	9	8	4	4	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4	2	0	7	0	1	7
65	66	67	68	69	70	71

8	6	2	7	0	1	3
72	73	74	75	76	77	78

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

C	E	Modern	Plastics	Corporation
15	16	17	18	19

6	1	6	-	9	2	6	-	8	2	0	1
55	56	57	58	59	60	61	62	63	64	65	66

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

C	F	P.	O.	Box	1367
15	16	17	18	19	20

C	G	Benton	Harbor
45	46	47	48

M	I	4	9	0	2	2
40	41	42	43	44	45	46

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

George Wyble



4-27-81

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Richard E. Moore



4-27-81

PROPERTY BOUNDARY

NO SCALE

N

GATE

(2) 15,000 GAL
FUEL OIL STORAGE
TANKS

DRUM
STORAGE
AREA

DUST
COLLECTOR
HOPPER

TRASH
COMPACTOR

PROPERTY BOUNDARY

PROPERTY BOUNDARY

PARKING LOT

PLANT

STEEL
BLDG.

OIL & WATER
SEPARATOR

STEEL
BLDG.

WELL

DISCHARGE
TO OX
CREEK

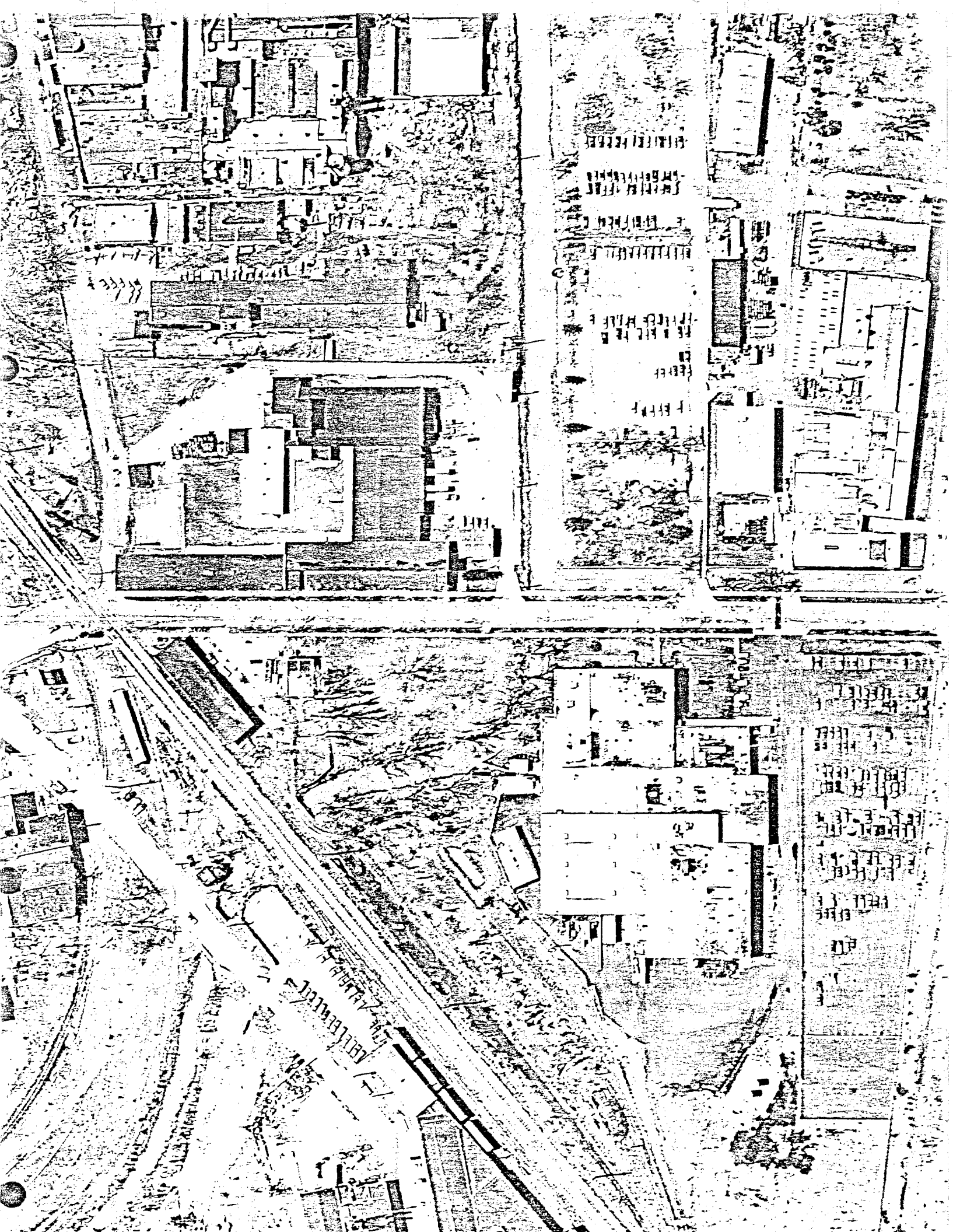
OX CREEK

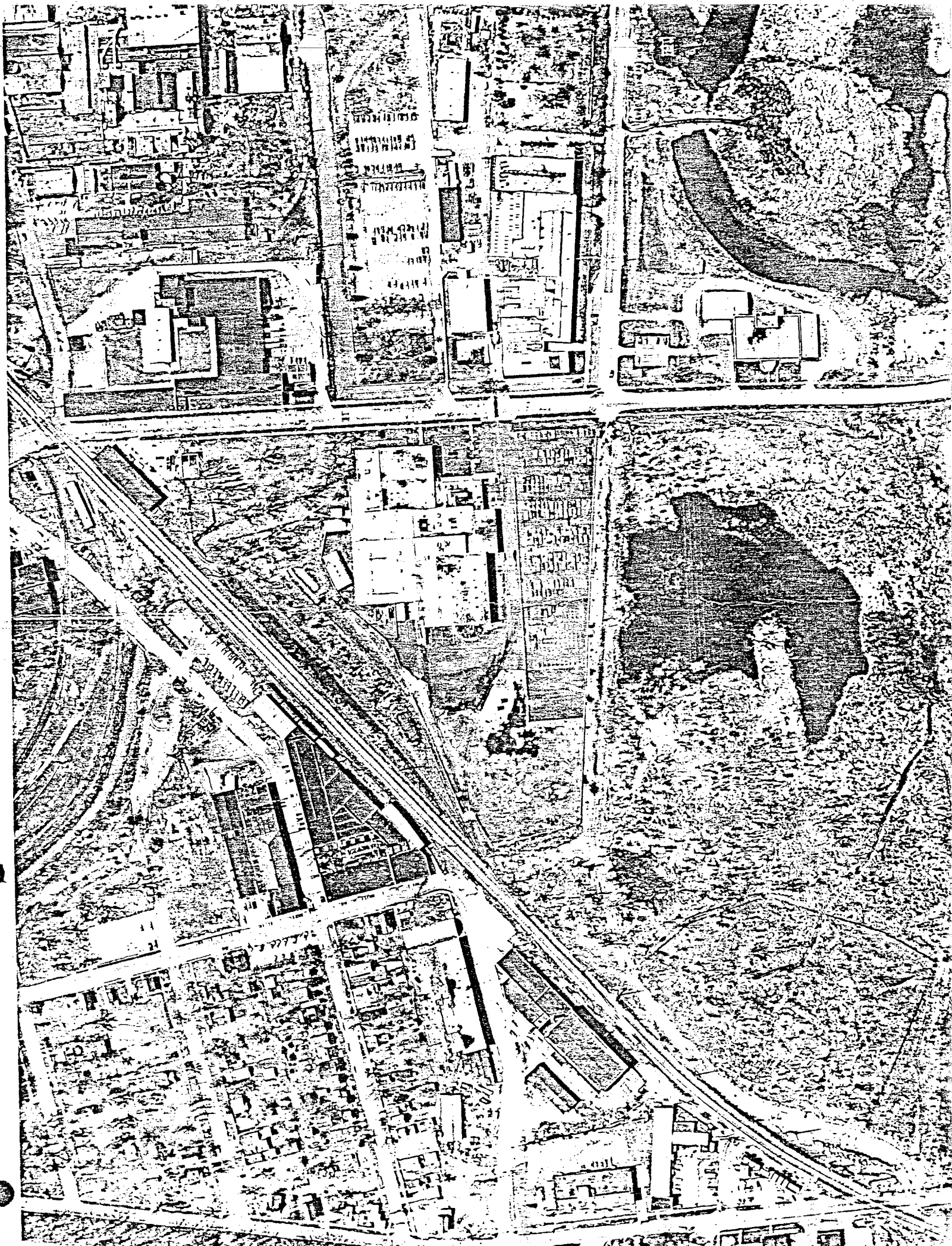
BRIDGE

GATE

GATE

NORTH SHORE DRIVE





MAP OF PART OF SEC. 24, T. 4 S., R. 19 W.,
CITY OF BENTON HARBOR, MICHIGAN

SCALE 1" = 500'

DRAWN BY R.P.

WIGHTMAN & ASSOCIATES, INC.

920 BROAD STREET

ST. JOSEPH, MICH.

FOR MODERN PLASTICS

X-121

EPA Form 3510-3 (6-80) PAGE 1 OF 5 CONTINUE ON REVERSE

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

- (1) 30 cu. yd. compactor container
 (1) 46 cu. yd. open top container

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
WM1D005069844										<div style="display: flex; justify-content: space-between;"> <div>W</div> <div>DUP</div> <div>TAG</div> <div>2</div> <div>DUP</div> </div>									

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES															
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
				27	28	29	30	31	32	33	34	35	36	37	38	39	40		
1	F001	400	P	S	0	1													
2	U013	100	P	T	0	4													
3	U069	20	P	T	0	4													
4	U122	50	P	T	0	4													
5	U188	30	P	T	0	4													
6																			
7																			
8																			
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22																			
23																			
24																			
25																			
26																			

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	M	I	D	0	0	5	0	6	9	8	4	4	T/A/C	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4	2	0	7	1	7	N
65	65	67	67	69	71	

8	6	2	7	1	3	W
72	72	75	75	77	77	

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

C	E	Modern	Plastics	Corporation
15	15			

6	1	6	9	2	6	8	2	0	1
55	56	58	59	61	62	63	64	65	66

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

C	F	P.	O.	Box	1367
15	16				

C	G	Benton	Harbor
45	46	47	48

M	I	4	9	0	2	2
50	51	52	53	54	55	56

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

George Wyble



4-27-81

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

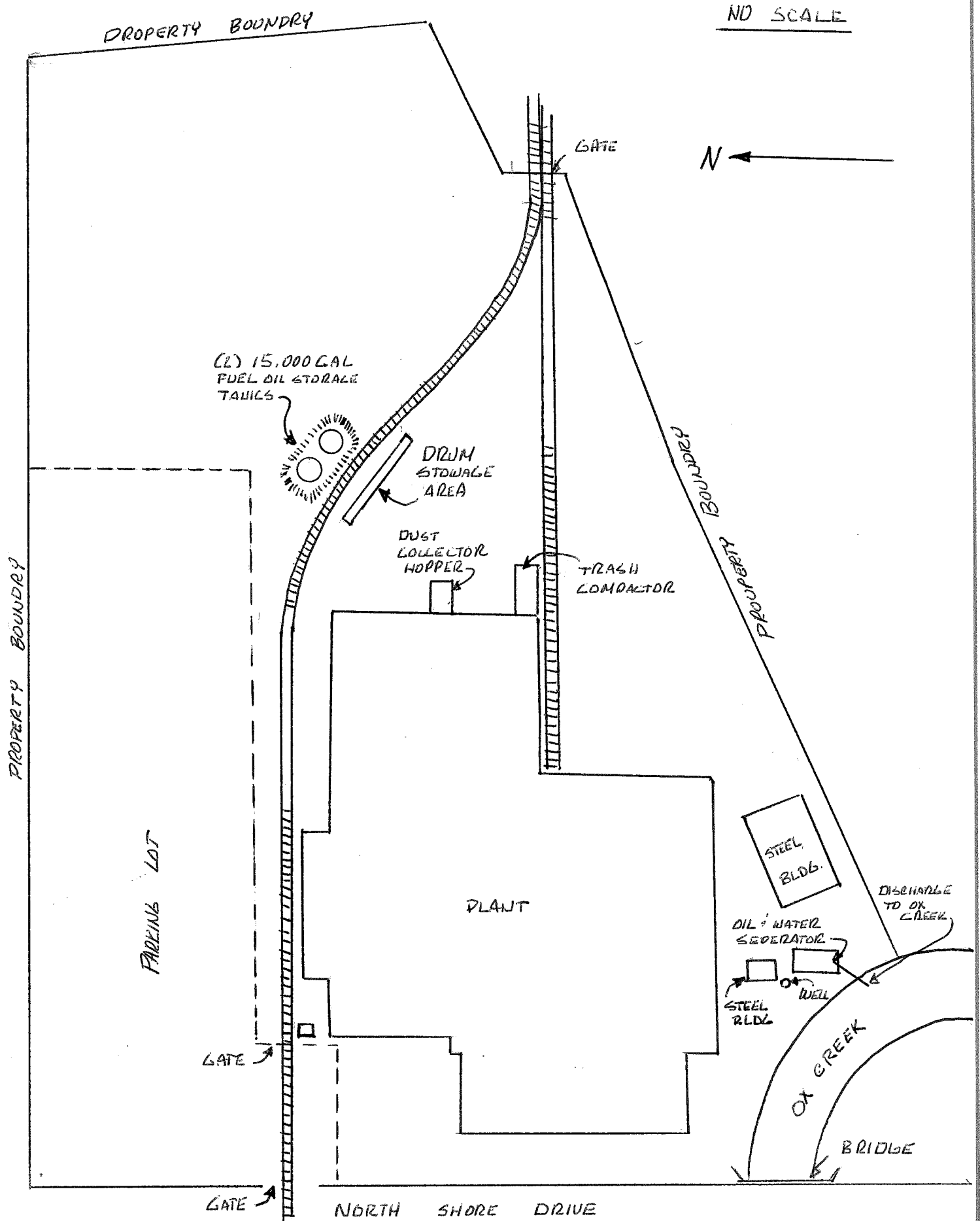
C. DATE SIGNED

Richard E. Moore



4-27-81

V. FACILITY DRAWING (see page 4)



()

()

OVER-SIZED DOCUMENT TARGET

At this point in this file

a large document,

such as a map

or

engineering drawing

occurred

...

This type of media is not compatible with this film format,
which would require that the over-sized document be folded
and filmed in multiple frames.

To enable the user to see this over-sized document
as a single entity,
it has been microfilmed on 35mm film.

ID Number MI005063844 Inst Name Modern Plastics Corporation

PHASE ONE

Refer to
Form No:

Interim Regulatory Requirements

Indicate by
your initials:
Yes No

Valid
Prmig
Date?

1	T/S/D Facility? (If No, return to respondent.)	<u>R.P.</u>	<u> </u>	<u> </u>
3	Form 1 received?	<u>R.P.</u>	<u> </u>	<u> </u>
1	Form 3 received?	<u>R.P.</u>	<u> </u>	<u> </u>
1 & 3	Postmarked on or before November 19, 1980?	<u> </u>	<u>R.P.</u>	<u> </u>
3	Date of operation entered?	<u>R.P.</u>	<u> </u>	<u> </u>
3	Date of operation on or before November 19, 1980?	<u>R.P.</u>	<u> </u>	<u> </u>
Notif. record	Notifier?	<u>R.P.</u>	<u> </u>	<u> </u>
	Notified on or before August 18, 1980?	<u>R.P.</u>	<u> </u>	<u> </u>
1	Form 1, XIII B signed?	<u>R.P.</u>	<u> </u>	<u> </u>
3	Form 3, IX B Signed?	<u>R.P.</u>	<u> </u>	<u> </u>

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here: _____)

PHASE TWO

1	Unsure if regulated or non-regulated?	<u> </u>	<u> </u>
3	New facility?	<u> </u>	<u> </u>
1 & 3	Core items missing? If Yes, indicate which items: Facility name____; location____; mail address____; operator info____; certification____; process info____; waste info____; owner____; sigs____.		

PHASE THREE

1 & 3	Non-core items missing? If Yes, indicate which items: Maps____; photos____; drawings____; lat/long____. Other observations and comments:	
-------	--	--

Received Date Stamp

Log out/Log in
on reverse side.

(Stamp forms also)

Part A Review - Qualification for Interim Status

I. General Information

Facility Name Modern Plastics Corp

ID# MD005069844

Reviewer Brigalauski

Review Completion due date DEC 28 1981

Date of submission of notification 8-15-80

deadline date 8-18-80

Date of submission of Part A 5-4-81

deadline date 11-19-80

Was the facility in existence before November 19, 1980

Yes

☐ Core Items missing

☐ Non Core Item Missing

II. Facility Description

A. Type of Facility:

☒ on-site

☐ off-site

B. Classification

☐ Late Notification only

☒ Late Part A only

☐ Late Part A and Late Notification

☐ Non-Notifier

☐ Non-Notifier and Late Part A

C. Action

☐ Qualifies for Interim Status

☒ Refer to Enforcement

☒ Non-regulated, explain NON-Regulated

NON-Haz Waste

III. Facility History

A.* The circumstances surrounding the failure of the owner or operator to:

1. notify or notify on time

☐ a. not aware that waste was hazardous☐ b. test results came back late☐ c. at first thought the waste was non-hazardous later results said it was hazardous☐ d. could not understand regulations☐ e. lost in mail☐ f. small quantity generator that lost his/her exemption due to increase in waste quantity☐ g. did not think it was required if Part A sent in☐ h. underwent change in ownership.☐ i. change in regulations☐ j. Other _____

☐ k. Comments _____

2. submit Part A on time.

☐ a. could not understand regulations

* Complete this part by checking the written file information only-
NO phone memos accepted.

- ☐ b. expected to be able to store for less than 90 days but had problems disposing of wastes, and needed to store longer than 90 days
☐ c. underwent a change in ownership
☐ d. lost in the mail
☐ e. contemplating closure of facility
☐ f. had trouble filling out the form, or gathering the required information.
☐ g. change in regulations
☒ h. other Not Known

☐ i. Comments _____

B. 1. Has there been an inspection of the facility by either State or Federal inspectors? No

date _____ Agency _____

2. If so, was the facility in compliance with 40 CFR Part 265 _____ (if no answer below).

- ☐ a. the violations were administrative in nature
☐ b. the violations were environmental in nature

3. a. List of violations: _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

b. Comments: _____

(add additional pages if needed)

4. Will the facility's continued operation be a benefit to the environment?

- ☐ a. it will help alleviate regional shortage of treatment, storage, or disposal capacity
- ☐ b. damage to the environment is negligible or non-existent
- ☐ c. it will not benefit the environment

d. other, explain: Not Known

5. Did the facility gain unfair advantage over its competitors by its non-compliance? Not Known

IV. Recommendations on facility's status: Schedule ISS
inspection prior to issuance
of compliance order.

MID 005069844

ility Name Modern Plastics Corp.

☐

ACKNOWLEDGEMENT SENT

ewer Grigalanski

INTERNAL CHECKLIST

Review Started 12-22-81

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING

☐

(2) FORM 3 MISSING

☐

B. POSTMARK after NOVEMBER 19, 1980

☐

Valid

C. (1) DATE of OPERATION MISSING

☐

(2) DATE of OPERATION after NOVEMBER 19, 1980

☐

D. (1) NOTIFIED after AUGUST 18, 1980

☐

Valid

(2) NONNOTIFIER

☐

E. (1) FORM 1, XIII B SIGNATURE MISSING

☐

(2) FORM 3, IX B SIGNATURE MISSING

☐

2. A. TSDF

☒

B. NONREGULATED

☐

C. UNSURE

☐

D. UNKNOWN FACILITY

☐

(missing name and address on Form 3)

E. NEW FACILITY

☐

F. CORE ITEM(S) MISSING

☒

G. NONCORE ITEM(S) MISSING

☐

H. OTHER

☐

COMMUNICATION

☐ OTHER (SPECIFY)

(Record item checked above)

TO:

FROM:

DATE

TIME

SUBJECT

Facility I.D.# / Facility Name

SUMMARY OF COMMUNICATION

CONCLUSIONS, ACTION TAKEN OR REQUIRED

INFORMATION COPIES

TO:

ITEM NUMBER

CHECK IF ITEM
MISSINGII. Pollutant Characteristics ☐*III. Name of Facility ☐IV. Facility Contact ☐

V. Facility Mailing Address

A. Street or P.O. Box ☐B. City or Town ☐C. State ☐D. Zip Code ☐

VI. Facility Location

*A. Street, Route Number ☐B. County Name ☐*C. City or Town ☐*D. State ☐E. Zip Code ☐F. County Code (if known) ☐VII. SIC Codes (other than Process and Hazardous Waste codes) ☐

VIII. Operator Information

*A. Name ☐*B. Is the name listed in VIII-A also the owner ☐C. Status of operator ☐D. Phone ☐*E. Street or P.O. Box ☐*F. City or Town ☐*G. State ☐H. Zip Code ☐

IX. Indian Land ☐X. Existing Environmental Permits ☐XI. Map ☐XII. Nature of Business ☐

XIII. Certification

A. *1. Name ☒2. Official Title ☒*B. Signature ☐*C. Date Signed ☐*must be V.P. or greater*

Comments:

*Form 1 is missing ☐

FORM 3 (EPA FORM 3510-3)

ITEM NUMBER

CHECK IF IT
MISSING

II. First Application

*1. Existing Facility Date (on or before
November 19, 1980)

☐

OR

*2. New Facility Date (after November 19, 1980)

☐

III. Processes

*A. Process Code

☐

*B. Process Design Capacity-Amount

*1. Amount

☒

*2. Unit of Measure *TOG must be U or V*

☒

IV. Description of Hazardous Wastes

*A. EPA Hazardous Waste Number

☐

*B. Estimated Annual Quantity

☐

*C. Unit of Measure

☐

*D. Processes

*1. Process Codes

☐

*2. Process Description (If no code is shown)

☐

V. Facility Drawing

☐

VI. Photographs

☐

VII. Facility Geographic Location Latitude

Latitude

☐

Longitude

☐

D. MID 005069844

Reviewer's Initial *OTG*

CHECK IF ITEM
MISSING

VIII. Facility Owner

- *1. Name of Facility's Legal Owner
- 2. Phone
- *3. Street or P.O. Box
- *4. City or Town
- *5. State
- 6. Zip Code

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

IX. Owner Certification

- *A. Name
- *B. Signature
- *C. Date Signed

add title VP or higher

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

X. Operator Certification

- *A. Name
- *B. Signature
- *C. Date

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Comments:

*Form 3 is missing

<input type="checkbox"/>

D.# MID 005069.844

DTG
Reviewer's Initial



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
RCRA Activities

FEB 26 1982

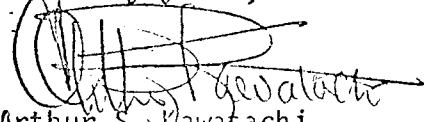
Richard E. Moore, Plant Engineer
Modern Plastics Corporation
P.O. Box 1367
Benton Harbor, MI 49022

: RE: Hazardous Waste Permit Application-Incomplete Part A
Facility Name (and EPA ID number) (MID005069844)
Facility Address

We have completed our review of your Part A RCRA permit application for the facility referenced above. The application was incomplete; therefore, we are returning it to you along with a checklist which indicates the missing items marked with an "X". Please return the form in time to reach this office by March 26, 1982. The form must be signed by the appropriate certifying official (Item XIII on Form 1 or Item IX and X on Form 3) or his duly authorized representative. All of these items are necessary in order for the U.S. Environmental Protection Agency to determine whether your facility meets the requirements for interim status.

Please feel free to contact David Homer, the reviewer of your application, at (312) 353-2197 or me at (312) 886-7449 if you have any questions or wish to discuss the missing items on the checklist.

Sincerely yours,


Arthur S. Sawatachi
Regional Project Officer

Enclosure

RECORD OF COMMUNICATION	<input checked="" type="checkbox"/> PHONE CALL <input type="checkbox"/> DISCUSSION <input type="checkbox"/> FIELD TRIP <input type="checkbox"/> CONFERENCE <input type="checkbox"/> OTHER (SPECIFY)	
	(Record of item checked above)	
TO: David Homer	FROM: Richard Moore	DATE 3/25/82 TIME 7:45
SUBJECT Modern Plastics Corp		
SUMMARY OF COMMUNICATION <p>T04 is an SOL</p> $ \begin{array}{r} 4.76 \text{ cu. yds} = 15,352 \text{ gal} \\ + \quad 300 \text{ gal} \\ \hline 15,652 \text{ gal} \end{array} $ <p>change SOL to read 15,700 gal</p>		
CONCLUSIONS, ACTION TAKEN OR REQUIRED		
INFORMATION COPIES TO:		



MODERN PLASTICS Corporation

P. O. BOX 1367, NORTH SHORE DRIVE BENTON HARBOR, MICHIGAN 49022

March 25, 1982

Mr. David Homer
U. S. Environmental Protection Agency
Region V
111 West Jackson Blvd.
Chicago, IL 60604

Dear Mr. Homer:

RCRA Activities

This is in reference to the Environmental Protection Agency's letter dated February 26, 1982, as it concerns Mr. Richard Moore's signature as authority for the application.

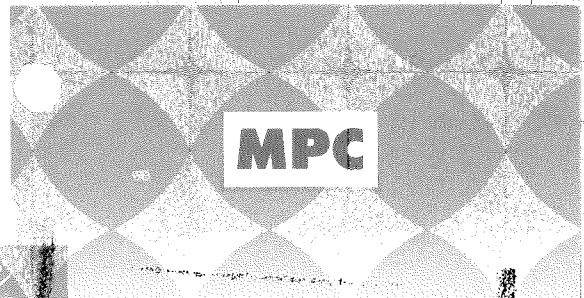
Mr. Moore is our Plant Engineer and most knowledgeable of this project and the requirements, and I authorized him to sign in behalf of the Company. Rather than submit new forms bearing my own signature as President of the Company, I request that this letter serve the same purpose. Should this not be acceptable, we request that you forward us new forms for resubmittal.

Sincerely yours,

MODERN PLASTICS CORPORATION

Victor A. Miller
President

pg
Enc.



RECEIVED

MAR 27 1982

WASTE MANAGEMENT BRANCH
EPA REGION V

RECEIVED
MAR 27 1982

1. Introduction

The purpose of this study is to investigate the effects of various factors on the growth of a certain plant species. The study was conducted over a period of six months, during which time the plants were grown under different conditions. The results of the study are presented in the following sections.

2. Materials and Methods

The plants used in this study were of the species *Arabidopsis thaliana*. They were grown in a controlled environment, with light and temperature being the main variables. The plants were divided into three groups: a control group, a group receiving a certain treatment, and a group receiving a different treatment.

The growth of the plants was measured by the height of the plants and the number of leaves. The data were collected at regular intervals and analyzed using statistical methods. The results of the study are presented in the following sections.

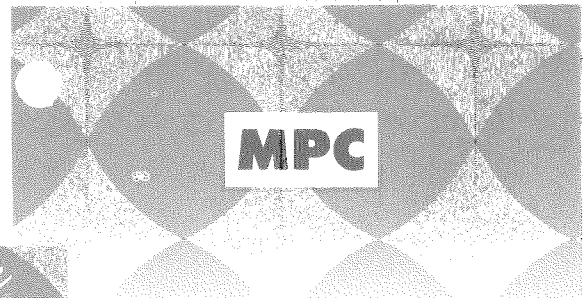
3. Results

The results of the study are presented in the following sections.

The results of the study are presented in the following sections.



MODERN PLASTICS *Corporation*



P. O. BOX 1367, NORTH SHORE DRIVE • BENTON HARBOR, MICHIGAN 49022

March 25, 1982

Mr. David Homer
U. S. Environmental Protection Agency
Region V
111 West Jackson Blvd.
Chicago, IL 60604

Dear Mr. Homer:

RCRA Activities

This is in reference to the Environmental Protection Agency's letter dated February 26, 1982, as it concerns Mr. George Wyble's signature as authority for the application.

Mr. Wyble is our Treasurer and General Manager and is most knowledgeable of this project and the requirements, and I authorized him to sign in behalf of the Company. Rather than submit new forms bearing my own signature as President of the Company, I request that this letter serve the same purpose. Should this not be acceptable, we request that you forward us new forms for resubmittal.

Sincerely yours,

MODERN PLASTICS CORPORATION

Victor A. Miller
President

pg
Enc.



FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>		I. EPA I.D. NUMBER F M I D 0 0 5 0 6 9 8 4 4	
II. POLLUTANT CHARACTERISTICS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS				SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)				B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)				D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			
III. NAME OF FACILITY 1 SKIP MODERN PLASTICS CORPORATION					
IV. FACILITY CONTACT A. NAME & TITLE (last, first, & title) B. PHONE (area code & no.) 2 RICHARD E. MOORE PLANT ENGINEER 616 926 8201					
V. FACILITY MAILING ADDRESS A. STREET OR P.O. BOX B. CITY OR TOWN C. STATE D. ZIP CODE 3 P O BOX 1367 4 BENTON HARBOR MI 49022					
VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER B. COUNTY NAME C. CITY OR TOWN D. STATE E. ZIP CODE F. COUNTY CODE (if known) 5 489 NORTH SHORE DRIVE 6 BENTON HARBOR MI 49022					

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND											
7	3	0	7	9	(specify)	Custom plastic molding					7					(specify)					
15	16	17	18	19																	
C. THIRD										D. FOURTH											
7					(specify)						7					(specify)					
15	16	17	18	19																	

VIII. OPERATOR INFORMATION

A. NAME																																																												B. Is the name listed in Item VIII-A also the owner?																													
8 MODERN PLASTICS CORPORATION																																																												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 66																													
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																																																												D. PHONE (area code & no.)																													
F = FEDERAL S = STATE P = PRIVATE																														M = PUBLIC (other than federal or state) O = OTHER (specify)																														P (specify) Owner operated										616 926 8201 15 16 17 18 19 20 21 22 23 24 25																			
E. STREET OR P.O. BOX																																																																																									
P. O. BOX 1367																																																																																									
F. CITY OR TOWN																																																												G. STATE										H. ZIP CODE										IX. INDIAN LAND									
B BENTON HARBOR																																																												MI										49022										Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 52									
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100																																																																																									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)																														D. PSD (Air Emissions from Proposed Sources)																																																											
9 N M100.056.81																														9 P																																																											
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100																																																																																									
B. UIC (Underground Injection of Fluids)																														E. OTHER (specify)																																																											
9 U																														23327HMcPCB																														(specify)																													
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100																																																												Pollution indident prevention plan																													
C. RCRA (Hazardous Wastes)																														E. OTHER (specify)																																																											
9 R																																																												(specify)																													
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100																																																																																									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Custom molding of thermoset and thermoplastics.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)																																								B. SIGNATURE																				C. DATE SIGNED																			
Richard E. Moore Plant Engineer																																																												4-27-81																			

COMMENTS FOR OFFICIAL USE ONLY

C																																																																																																			
C																																																																																																			
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100																																																																																																			

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY																		
WM1D005069844										W DUP																		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26										1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26																		
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																												
W Z O J Z	A. EPA HAZARD WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		D. PROCESSES																	
	23	24	25	26	27	28	29	30	31	32	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))									
1	F	0	0	1	400				P		S	0	1															
2	U	0	1	3	100				P		T	0	4															
3	U	0	6	9	20				P		T	0	4															
4	U	1	2	2	50				P		T	0	4															
5	U	1	8	8	30				P		T	0	4															
6																												
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26																												

IV. DESCRIPTION OF HAZARDOUS WA

(continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	M	I	D	0	0	5	0	6	9	8	4	4	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4	2	0	7	1	7	N
65	66	67	68	69	70	71

LONGITUDE (degrees, minutes, & seconds)

8	6	2	7	1	3	W
72	73	74	75	76	77	78

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

C	E	Modern Plastics Corporation
12	13	

2. PHONE NO. (area code & no.)

6	1	6	-	9	2	6	-	8	2	0	1
55	56	57	58	59	60	61	62	63	64	65	66

3. STREET OR P.O. BOX

C	F	P. O. Box 1367
12	13	

4. CITY OR TOWN

C	G	Benton Harbor
45	46	

5. ST.

M	I
40	41

6. ZIP CODE

4	9	0	2	2
67	68	69	70	71

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

George Wyble

B. SIGNATURE



C. DATE SIGNED

4-27-81

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Richard E. Moore

B. SIGNATURE



C. DATE SIGNED

4-27-81

AREA CODE 616
PHONE 926-8201



MODERN PLASTICS *Corporation*

P. O. BOX 687, NORTH SHORE DRIVE • BENTON HARBOR, MICHIGAN 49022

MPC

FF-I

July 15, 1982

Regional Administration
U.S. EPA Region V
RCRA Activities
P.O. Box 3587
Chicago, IL 60690

RECEIVED

JUL 19 1982

WASTE MANAGEMENT BRANCH
EPA. REGION V

RECEIVED
7/19/82

Gentlemen:

We are writing in regards to our application for RCRA permit as a storer and generator of hazardous waste. Since our filing, an inspection of our facility has been conducted by the Michigan DNR, and it has been concluded that we are infact neither a storer or generator.

We are enclosing copies of the Inspection report by the DNR, and a copy of a laboratory analysis of the materials in question. We request that our application be returned or cancelled, whichever is most appropriate as both the inspection and test report conclude it was not necessary for us to file. If any questions should arise concerning this matter, please feel free to contact us at (616) 926-8201.

Sincerely yours,

MODERN PLASTICS CORPORATION

George F. Wyble
General Manager

Richard Moore
Plant Engineer

Enclosure:
GW/RM:dm

MID-005-069-844

GPA



STATE IDENTIFICATION NUMBER
(If Applicable)

MID005069844
EPA IDENTIFICATION NUMBER

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
TREATMENT, STORAGE, AND DISPOSAL FACILITIES
Form A - General Facility Standards

I. General Information:

- (A) Facility Name: MODERN PLASTICS CORPORATION
- (b) Street: 489 NORTH SHORE DRIVE
- (C) City: BENTON HARBOR (D) State: MICHIGAN (E) Zip Code: 49022
- (F) Phone: (616) 926-8201 (G) County: BERRIEN
- (H) Operator: SAME
- (I) Street: _____
- (J) City: _____ (K) State: _____ (L) Zip Code: _____
- (M) Phone: _____ (N) County: _____
- (O) Owner: SAME
- (P) Street: _____
- (Q) City: _____ (R) State: _____ (S) Zip Code: _____
- (T) Phone: _____ (U) County: _____
- (V) Date of Inspection: 4/7/82 (W) Time of Inspection (From) 10:00AM (To) 12:00N
- (X) Weather Conditions: Sunny, Cold (10°F AM to 37°F by NOON)
Slight breeze from south. 4-6" snow cover.

(Y) Person(s) Interviewed

Richard E. Moore

Title

Plant Engineer

Telephone

(616) 926-8201

(Z) Inspection Participants

JAMES M. Turek

Agency/Title

MDNR / Water Quality Specialist

Telephone

(616) 456-6232

(AA) Preparer Information

Name

Agency/Title

Telephone

II. SITE ACTIVITY:

Complete sections I through VII for all treatment, storage, and/or disposal facilities. Complete the forms (in parenthesis) in section VIII corresponding to the site activities identified below:

Not Applicable - SEE REMARKS SECTION.

 A. Storage and/or Treatment

1. Containers (I)
2. Tanks (J)
3. Surface Impoundments (K)
4. Waste Piles (L)

 D. Incineration and/or Thermal Treatment
(O and P)

 E. Chemical, Physical, and Biological
Treatment (Q)

 B. Land Treatment (M)

 C. Landfills (N)

Note: If facility is also a generator or transporter of hazardous waste complete sections IX and X of this form as appropriate.

REMARKS

Use this section to briefly describe site activities observed at the time of the inspection. Note any possible violations of Interim Status Standards.

This facility's hazardous waste permit application listed storage and "other treatment" of spot halogenated solvents, Asbestos, 1,2 benzenedicarboxylic Acid dibutylether, formaldehyde, and hydroxybenzene. Staff's inspection found that this company does not store or treat any of the hazardous wastes listed in their application. The company does generate the following waste materials and disposes ^{for recycling} of them in the following manner:

1. Waste molded plastic parts are collected in a trash compactor for disposal at the Northwest Bonning County Landfill.

2. Dust from a parts cleaning operation (similar to sand blasting) is collected in a dumpster for disposal in the Northwest Bonning County Landfill. This dust is a mixture of pulverized corn cobs and plastic granules.

3. Waste hydraulic oil is reprocessed on-site through a portable filtration unit for reuse in the molding machines.

The company also uses small quantities of trichloroethylene (rarely), methyl ethyl ketone, Acetone, and Stoddard solvent for cleaning plastic parts. These solvents are consumed during use and there is no solvent waste or sludge generated.

Some of the plastic resins used contain zinc, lead and chromium and could possibly be E.P. Toxic. The plastic and dust waste should be tested for E.P. Toxicity (see deficiency letter to company).

STATE OF MICHIGAN



NATURAL RESOURCES COMMISSION

JACOB A. HOEFER
CARL T. JOHNSON
E.M. LAITALA
HILARY F. SNELL
HARRY H. WHITELEY
JOAN L. WOLFE
CHARLES G. YOUNGLOVE

WILLIAM G. MILLIKEN, Governor

DEPARTMENT OF NATURAL RESOURCES

HOWARD A. TANNER, Director

350 Ottawa Avenue, N. W.
Grand Rapids, Michigan 49503
Phone: (616) 456-6232



May 20, 1982

Modern Plastics Corporation
489 North Shore Drive
Benton Harbor, MI 49022

ATTENTION: Richard Moore, Plant Engineer

Gentlemen:

On April 7, 1982, staff of the Department of Natural Resources conducted an investigation of your facility located at 489 North Shore Drive in Benton Harbor, Michigan to evaluate compliance of that facility with requirements of subtitle C of the Resource Conservation and Recovery Act (RCRA), as amended. The completed RCRA inspection form is enclosed.

As a result of that investigation, staff of the Department of Natural Resources have determined that the facility is in violation of the requirements of subtitle C of RCRA. Specifically, staff found that:

1. 40 CFR 262.11 requires that a person who generates a solid waste must determine if that waste is a hazardous waste. Modern Plastics Corporation has not made this determination for the plastic waste and plastic dust residue.

We request that you respond to this letter by June 15, 1982, providing documentation to this office regarding those actions taken to correct these violations.

If you have any questions regarding this matter, please feel free to contact me at (616) 456-6232.

Sincerely,

WATER QUALITY DIVISION

James M Turek
ms

James M. Turek
Water Quality Specialist

JMT:bjc
enc.



cc: Al Howard, OHWM (w/enc.)
EPA Region V (w/enc.)
John Bohunsky, WQD



MODERN PLASTICS

Corporation

P. O. BOX 687, NORTH SHORE DRIVE • BENTON HARBOR, MICHIGAN 49027

June 14, 1982

Mr. James M. Turek
Water Quality Specialist
Department of Natural Resources
350 Ottawa Avenue N.W.
Grand Rapids, MI 49503

Dear Jim:

Per our phone conversation, in regard to your request that we respond by June 15, 1982 to provide documentation that corrective action be taken regarding our being in violation of subtitle C of RCRA.

We have collected samples of the plastic dust residue in question, and it is currently being tested for E.P. toxicity by Ten-Ech Laboratories in South Bend, IN. As I stated on the phone, the test will not be completed for at least another week due to the labs current work load. However, as soon as it is ready, I will forward you a copy.

Currently we see no problems, and feel that the end results will indicate we are not a generator of hazardous waste.

If you have any questions regarding this matter, please feel free to contact me at (616) 926-8201 ext. 214.

Sincerely,

A handwritten signature in cursive script, appearing to read "Richard Moore".

Richard Moore
Plant Engineer

RM:dm

**TenEch**

Environmental Consultants, Inc.,

Chicago, Il.
Louisville, Ky.
South Bend, In.**LABORATORY
ANALYSES
RESULTS**PAGE 1 OF 1 DATE 6/25/82**SAMPLE DESCRIPTION**

Dust from Finishing Sample

EP Toxicity

FROM Mr. Dick Moore, Plant Engineer
Modern Plastics Corp.
P. O. Box 1367
Benton Harbor, MI 49022

DATE COLLECTED _____

COLLECTED BY _____

DATE RECEIVED 6/11/72LAB CONTROL NO. 6379

P.O. N.O. _____

DRINKING WATER YES X NO

IF YES, SAMPLE TYPE _____

PARAMETER RESULTS DATE ANALYZED ANALYST METHOD OF ANALYSISSample 6379

Chromium 20 ppb 6/24/82 JTC AA

Lead 6 ppb 6/24/82 JTC AA

Zinc 10 ppm 6/24/82 JTC AA

Blank

Chromium <1 ppb 6/24/82 JTC AA

Lead 1 ppb 6/24/82 JTC AA

Zinc <0.05 ppm 6/24/82 JTC AA

REMARKS

The maximum allowable concentrations for these parameters under the Michigan Hazardous Wastes Regulations are:

Chromium - 5 ppm

Lead - 5 ppm

Zinc - 500 ppm

It is evident that this sample is well within compliance for the requested parameters.

ANALYSES REVIEWED BY

Gary A. Gilot



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V

111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

08 OCT 1982

Richard Moore, Plant Engineer
Modern Plastics Corporation
P.O. Box 687 - North Shore Drive
Benton Harbor, Michigan 49022

RE: Withdrawal of Part A
(Non-Hazardous Waste)
FACILITY NAME: Modern Plastics Corporation
USEPA ID No.: MID 005 069 844

Dear Mr. Moore:

This to acknowledge that the United States Environmental Protection Agency (USEPA) has completed its review of your Part A Hazardous Waste Permit Application and your letter of July 15, 1982, requesting the withdrawal of your permit application. According to the information which you have submitted, the wastes which are treated, stored or disposed at your facility are not defined as a hazardous waste in 40 CFR 261.3. It is the opinion of this office, based on the information submitted that your facility is not required to have a hazardous waste permit under Section 3005 of the Resource Conservation and Recovery Act at this time. Please be advised that you must still comply with any applicable State and local requirements.

You will retain your USEPA Identification number if you notified that the facility is a generator or transporter of a hazardous waste.

Please contact the Technical, Permits and Compliance Section at (312) 353-2197 for assistance if you have any questions. Please refer to "Withdrawal of Part A (Non-Hazardous Waste)," in all telephone contacts and correspondence.

Sincerely yours,

A handwritten signature in cursive script, reading "Karl J. Klepitsch Jr."

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

cc: George F. Wyble, General Manager
MDNR

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION V

D. Horner

231

Versar

DATE: 10/20/83

5WMB

RE: Installation Name Modern Plastics Corp.

Installation Address North Shore Dr. - Benton Harbor, MI

EPA ID# M 10005069844

FROM: Versar

TO: Unit Chiefs

Attn: D. Horner

Attached for your review is a copy of Letter notifying of new authorized signator

for the above-referenced facility.

Cover letter date 10/12/83

Rec'd in Region 10/18/83

Rec'd in Versar 10/20/83

Action required None, FYE / file

Reviewer's summary:

PLEASE RETURN THIS FORM ALONG WITH ALL RELATED MATERIAL TO LISA PIERARD



MODERN PLASTICS Corporation

MPC

P. O. BOX 1367, HONOLULU DRIVE • DENTON HARBOR, MISSISSAUGA, ONTARIO

October 12, 1983

Mr. David Homer
U. S. Environmental Protection Agency
Region V
111 West Jackson Blvd.
Chicago, IL 60604

MID 005 069 844 6 PA

Dear Mr. Homer:

RCRA Activities

This is to inform you that Mr. Richard Moore is no longer our Plant Engineer.

Replacing Mr. Moore is Mr. John Baltmanis, who is authorized by me to sign on behalf of Modern Plastics Corporation in the same capacity as Mr. Moore.

If there are any questions, please feel free to contact me.

Sincerely yours,

MODERN PLASTICS CORPORATION

Victor A. Miller 10/12/83

Victor A. Miller
President

pg

